



TRANSMITTAL FORM

Attorney Docket No.
SVL920020048US1/3793PIn the application of: **Stefan DESSLOCH, et al.**Confirmation No: **9144**Serial No: **10/620,856**Group Art Unit: **2162**Filed: **July 15, 2003**Examiner: **Colan, Giovanna B.**For: **Method and Structure for Representing Complex Query Elements in a Modeling Tool**

ENCLOSURES (check all that apply)					
<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Notice of Appeal
<input checked="" type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Brief
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	1 Non-Patent Reference Copy	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input checked="" type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer		
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for <u>one (1) month</u> , from April 18, 2006 to May 18, 2006.			
<input type="checkbox"/>	Executed Declaration by Inventor(s)				

CLAIMS					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	45	42	3	\$ 50.00	\$ 150.00
Independent Claims	3	3	0	\$200.00	\$ 0.00
				Total Fees	\$150.00

METHOD OF PAYMENT	
<input checked="" type="checkbox"/>	Check no. <u>10127</u> in the amount of \$ <u>300.00</u> is enclosed for payment of fees. 1 mo. extension of time \$120.00; IDS submission \$180.00
<input checked="" type="checkbox"/>	Charge \$ <u>150.00</u> to Deposit Account No. <u>09-0460</u> (IBM Corporation) for payment of excess claims fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. <u>09-0460</u> (IBM Corporation)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Attorney Name	Janyce R. Mitchell, Reg. No. 40,095
Signature	/Janyce R. Mitchell/Reg. No. 40,095 Janyce R. Mitchell
Date	May 11, 2006

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 5/11/2006.	
Type or printed name	Kym Moore
Signature	

05/16/2006 CNEB61 00000004 050460 106E0656 120.00 0P 02 FC:1251